

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
1	\$ 643	The AFDC payment standard is derived by multiplying the need standard by 32 percent, the rateable reduction percentage in effect as of 7/1/93.	\$205
2	786		251
3	991		317
4	1,196		382
5	1,401		448
6	1,606		513
7	1,811		579
8	2,016		645
9	2,221		710
10	2,426		776
Each additional Person	205		65

2. For pregnant women and infants under Section 1902(a)(10)(A)(I)(IV) of the Act, the income eligibility level is 133 percent of the Federal poverty level for pregnant women and infants (as revised annually in the Federal Register) for the size of the family involved.
3. For children under Section 1902(a)(10)(I)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(I)(VII) of the Act (children who were born after September 30, 1983, and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 98-06
Supersedes TN No. 97-16

Approval Date 6/18/98
Effective Date 10/1/97

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 92-2
Supersedes
TN No. 91-19 Approval Date 5-22-92 Effective Date 1-1-92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on _____ percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

TN No. 98-06
Supersedes
TN No. 97-16

Approval Date 6/18/98

Effective Date 10/1/97

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 4
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 8

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 8 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on _____ percent (no more than 100 percent) of the official Federal income poverty line.

Family Size

Income Level

<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____
<u>6</u>	\$ _____
<u>7</u>	\$ _____
<u>8</u>	\$ _____
<u>9</u>	\$ _____
<u>10</u>	\$ _____

TN No. 91-19
Supersedes
TN No. 91-4

Approval Date 1/24/92

Effective Date 10/1/91

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS (CONTINUED)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the previous of sections 1902(m)(1) of Act are as follows:

Based on ____ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of the title II COLA is not counted as income during the "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

4. Institutionalized Individuals

The level for determining income eligibility for aged, blind and disabled individuals who are institutionalized for at least 30 consecutive days is as follows:

NF/ICF-MR - \$1,536 effective 1/1/2000

TN No. 00-001

Supersedes

TN No. 99-003

Approval Date 6/16/00

Effective Date 1/1/00

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 6
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: X 85 percent percent (no more than 100

Eff. Jan. 1, 1990: V 90 percent percent (no more than 100

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

Income Levels

1
2

\$ 568
\$ 766

TN No. 92-2
Supersedes
TN No. 91-19

Approval Date 5-22-92

Effective Date 1-1-92

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 7
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, ¹⁹⁸⁷~~1989~~ USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: 80 percent _____ percent (no more than 100)

Eff. Jan. 1, 1990: 85 percent _____ percent (no more than 100)

Eff. Jan. 1, 1991: 95 percent _____ percent (no more than 100)

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

Income Levels

 1
 2

\$ _____
\$ _____

TN No. 91-19
Supersedes _____
TN No. —

Approval Date 1/21/92

Effective Date 10/1/91

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

_____ Applicable to all groups.

_____ Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR
<input type="checkbox"/> urban only		435.1007 ^{1/}		435.1007 ^{1/}
<input type="checkbox"/> urban & rural				
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$

_For each additional person, add:

\$ \$ \$ \$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 91-19
Supersedes
TN No. _____

Approval Date 1/21/92

Effective Date 10/1/91

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1) Family Size	(2) Net income level protected for maintenance for _____ months	(3) Amount by which Column (2) exceeds limits specified in 42 CFR	(4) Net income level for persons living in rural areas for _____ months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR
	<input type="checkbox"/> urban only	435.1007 ^{1/}		435.1007 ^{1/}
	<input type="checkbox"/> urban & rural			
5	\$ _____	\$ _____	\$ _____	\$ _____
6	\$ _____	\$ _____	\$ _____	\$ _____
7	\$ _____	\$ _____	\$ _____	\$ _____
8	\$ _____	\$ _____	\$ _____	\$ _____
9	\$ _____	\$ _____	\$ _____	\$ _____
10	\$ _____	\$ _____	\$ _____	\$ _____

For each
addi-
tional
person,
add: \$ _____

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 97-19
Supersedes _____
TN No.

Approval Date 11/2/92

Effective Date 10/1/91

HCFA ID: 7985E